

1. Grantee: \_\_\_\_\_

Project: \_\_\_\_\_

Fiscal Agency: \_\_\_\_\_

Grant Number: \_\_\_\_\_

## 2. Type of Modification:

- ☐ Budget adjustment of current funding.
- ☐ Request for additional funding.
- ☐ Request for reduced funding.

3. Budget Category	Current Budget	Proposed Adjustment	Revised Budget
a. Salaries & Benefits			
b. Materials			
c. Operating Expenses			
d. Equipment			
e. Indirect Costs			
f. Totals			

## 4. Justification for modification: (Attach additional pages if necessary)

5. Project Director: \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Signature)

Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Signature)

6. CSL USE ONLY: State Librarian: \_\_\_\_\_ Date: \_\_\_\_\_ Approved / Disapproved  
 (Signature) (Circle One)

Fiscal Review: \_\_\_\_\_ CCLPEP Director: \_\_\_\_\_ Date: \_\_\_\_\_ Approved / Disapproved  
 (Signature) (Circle One)

Upon approval by the State Librarian, the above requested grant award modification constitutes an official amendment to the Consolidated Application and Grant Award Certification document number \_\_\_\_\_. All amendments must remain a part of all existing copies of the document.